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COMMUNICABLE DISEASE CENTER

Morbidity and Mortality

Vol. 15, No. 41

WEEKLY REPORT

Week Ending October 15, 1966

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE

EPIDEMIOLOGIC NOTES AND REPORTS

BOTULISM – California

On October 10 and 11, 1966, three patients with botulism were hospitalized at Sutter Memorial Hospital in Sacramento, California, following ingestion of home-processed dried venison jerky. A 28-year-old patrolman who prepared the meat and his 24-year-old sister both developed severe diplopia, dysphagia, ptosis and dysponia on October 9. These symptoms appeared within 3 days of the time the venison was first sampled and 24 hours after moderately large amounts were eaten. The third patient, the patrolman's 2-year-old daughter, developed unsteady gait progressing to severe weakness, ptosis and palatal paralysis on October 11, 2 to 3 days after exposure. Of 17 other individuals who ate some of the venison, 2 developed mild transient gastroenteritis and 15 remained asymptomatic.

Filtrates prepared from the venison jerky regularly killed mice. Antisera for botulism types A and B failed to protect, but sera for types E and F have shown some protection. Further characterization of the type of botulism involved must await bacteriological identification.

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CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

(Cumulative totals include revised and delayed reports through previous weeks)

DISEASE	41st WEEK ENDED		MEDIAN 1961–1965	CUMULATIVE, FIRST 41 WEEKS		
	OCTOBER 15, 1966	OCTOBER 16, 1965		1966	1965	MEDIAN 1961–1965
Aseptic meningitis	80	68	68	2,394	1,677	1,659
Brucellosis	6	1	8	198	194	324
Diphtheria	6	2	9	151	118	203
Encephalitis, primary:						
Arthropod-borne & unspecified	38	47	- - -	1,721	1,472	- - -
Encephalitis, post-infectious	5	5	- - -	621	572	- - -
Hepatitis, serum	22	644	797	1,091	26,767	34,317
Hepatitis, infectious	573			25,029		
Measles (rubeola)	681	872	872	191,490	243,198	390,194
Poliomyelitis, Total (including unspecified)	1	—	24	74	48	347
Paralytic	1	—	19	68	39	296
Nonparalytic	—	—	- - -	—	6	- - -
Meningococcal infections, Total	34	37	37	2,851	2,462	1,900
Civilian	32	37	- - -	2,570	2,280	- - -
Military	2	—	- - -	281	182	- - -
Rubella (German measles)	202	- - -	- - -	42,572	- - -	- - -
Streptococcal sore throat & Scarlet fever	5,906	6,272	4,610	332,657	310,791	268,524
Tetanus	5	4	- - -	151	210	- - -
Tularemia	2	8	- - -	136	205	- - -
Typhoid fever	11	5	17	307	338	431
Typhus, tick-borne (Rky. Mt. Spotted fever)	4	2	- - -	223	243	- - -
Rabies in Animals	57	65	65	3,287	3,496	3,037

NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax	4	Botulism: Calif.-3	8
Leptospirosis	53	Trichinosis: Conn.-1, Mich.-1, N.J.-1	84
Malaria: Calif.-10, Ky.-2, Mass.-1, Mich.-3, NY City-1, S.C.-1	334	Rabies in Man	2
Psittacosis	40	Rubella, Congenital Syndrome	20
Typhus, murine: Tex.-1	23	Plague	4

PUBLIC HEALTH SERVICE RECOMMENDATIONS ON THE USE OF BCG VACCINATION IN THE UNITED STATES

The following recommendations represent the position of the Public Health Service on the use of BCG vaccination in the United States. The statement was drafted by a panel of public health and tuberculosis specialists who met at the Communicable Disease Center in Atlanta on July 21 and 22, 1966. The recommendations have subsequently been approved by the Surgeon General.*

Tuberculosis has been and still is the costliest of the communicable diseases in the United States – both in terms of human lives and dollars. It has always been the desire of public health workers in this country to use all the necessary tools to control this disease. Therefore, in 1946 when European countries were adopting mass BCG vaccination as an element of their tuberculosis control programs, the Public Health Service first convened an advisory group to consider the use of BCG in this country. That group recommended against its use since its effectiveness had not been determined. Instead of mass usage, large-scale controlled trials were urged. Subsequent advisory committees have recommended that BCG vaccination be limited to special groups, but emphasized in 1957: "The Committee expressed the opinion that vaccination may lead to a false sense of security which could result in failure to observe precautions that otherwise would be taken," and in 1962: "The Committee wishes to emphasize that BCG vaccination should not be considered a substitute for other control measures, but should be an addition to these, used in special situations." Today, in 1966, this panel recommends an even more limited use of BCG vaccination in the United States.

Vast changes have been seen in tuberculosis control in the past 20 years. In 1946 specific chemotherapy had only recently been discovered and was still in limited use; today excellent drugs are available which can not only reverse the course of the disease, but will also rapidly eliminate infectiousness. Then, too, in 1946 rates of new infections were thought to be high and most of the disease seen then was thought by many to follow recent infection. Today in this country, accumulated data show that infection rates are very low, and it is recognized that 75-80% of new cases of tuberculosis comes from the reservoir of persons infected in the more distant past. Today it is possible and practicable to prevent many of these infected persons from developing disease – namely, with chemoprophylaxis. Finally, and most important, today the resources to combat tuberculosis in the United States are vastly increased and should remain at a high level for the next several years if the 1963 recommendations of the Surgeon General's Task Force are followed.

The panel has reviewed epidemiologic information relating to the status of tuberculosis in this country and is thoroughly familiar with the results of field trials of BCG not only in the United States, but also in Great Britian and other countries. The panel is fully cognizant of the past positions of the Public Health Service as well as the current views in other countries and of the World Health Organization. It is important to recognize that the present epidemiologic situation in the United States is much more favorable than that in developing countries. It is also much more favorable than the situation that existed in many developed countries at the end of World War II when BCG vaccination was widely adopted.

BCG vaccine has been demonstrated to have some effectiveness, particularly where rates of new infections are high. Its impact as a public health measure does, however, diminish progressively as the opportunity to become infected continues to decrease. Because of the favorable epidemiologic, medical, and socioeconomic conditions prevailing in the United States, and in light of the changes described above, the following recommendations are made for the use of BCG in this country today. The panel recognizes that for regions with different conditions, the recommendations concerning the use of BCG might be quite different.

Recommended Usage

For the individual. Since modern methods for detection, isolation, treatment, and chemoprophylaxis, when adequately applied, are highly successful in controlling tuberculosis, BCG should be reserved for situations in which these methods cannot be applied. BCG should be used for the uninfected individual or small groups of uninfected individuals living in unavoidable contact with one or more uncontrolled infectious persons who cannot or will not obtain or accept supervised treatment.

For groups. Based on available data, there is no epidemiologic indication for the use of BCG on a group or community basis in the United States. In particular, BCG is not recommended for medical and paramedical personnel and students, or for employees and inmates of penal and mental institutions, because the knowledge of tuberculin conversion, if it occurs, is essential so that chemoprophylaxis may be instituted and the infectious source identified and treated. Moreover, adequate tuberculosis control programs can be developed in such groups with reasonable assurance of cooperation.

A so-called "micro-epidemic" of infection is another situation in which BCG is not recommended. Today, with low rates of transmission and expanded tuberculin testing, such outbreaks will be more easily recognized thnn in the past. Their management requires the prompt identification and removal of the source of infection and the identification and treatment of the tuberculin converters.

The recommendations of this panel limiting the use of BCG should not be construed to mean that tuberculosis is no longer a problem. On the contrary, vigorous efforts must be sustained to capitalize on the gains of the past. In addition to the current programs of tuberculosis control, an expanded study of the level of infection, as measured by standardized tuberculin testing, is needed. As the risk of new infections continues to diminish, the need for surveillance will increase to assure that deviations from the norm can be rapidly detected and corrective action instituted.

If, in spite of the nbove recommendations, an individual health official in the United States believes that the local situation calls for further use of BCG, he should first assure himself that the situation is, in fact, precarious. He should have epidemiologic information on the transmission rate as measured by conversions obtained in repeated tuberculin testing of representative samples of the population; he should identify as precisely as possible the persons who might benefit from BCG vaccination; and he should re-examine his resources to determine if there are not better ways to meet the problem. Under no circumstance should BCG vaccination be an alternative for an adequate tuberculosis control program, nor should other measures be relaxed when BCG is used.

The health official should be aware that the use of BCG does not absolve him or his health jurisdiction from attempting adequate supervision of individuals with tuberculous infection or disease. In addition, he should recognize that the use of BCG will complicate future tuberculosis control programs by adding to the population a group of reactors who cannot be distinguished from those naturally infected.

As the 1957 Report on BCG stated:

"The procedure (BCG vaccination) makes it impossible to use the tuberculin test

(1) as evidence of recent infection in the individual;
(2) as an index of infection in population groups;
(3) for the location of sources of contagion;
(4) as a preliminary screening device prior to chest roentgenographic examination in the diagnosis of tuberculosis;
(5) for differential diagnosis in diseases with some similarity to tuberculosis."

Since there will be some continued indication for the use of BCG, according to the recommendations of the panel, the Public Health Service should continue to assure that a safe and potent vaccine is licensed for use in the United States.

*Special Panel of Public Health and Tuberculosis Specialists

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SUMMARY OF REPORTED CASES OF INFECTIOUS SYPHILIS

SEPTEMBER 1966 AND SEPTEMBER 1965

CASES OF PRIMARY AND SECONDARY SYPHILIS: By Reporting Areas September 1965 and September 1966 - Provisional Data.

Reporting Area	September		Cumulative Jan - Sept		Reporting Area	September		Cumulative Jan - Sept	
	1966	1965	1966	1965		1966	1965	1966	1965
NEW ENGLAND	32	41	353	353	EAST SOUTH CENTRAL	194	232	1,759	2,106
Maine	-	-	5	1	Kentucky	10	16	104	110
New Hampshire	1	-	8	23	Tennessee	19	31	229	412
Vermont	-	-	3	2	Alabama	110	116	986	1,127
Massachusetts	21	24	245	209	Mississippi	55	69	440	457
Rhode Island	1	4	21	18					
Connecticut	9	13	72	100	WEST SOUTH CENTRAL	272	197	2,041	1,788
					Arkansas	19	10	116	173
MIDDLE ATLANTIC	294	407	3,008	3,632	Louisiana	51	59	482	523
Upstate New York	13	46	263	415	Oklahoma	11	4	105	89
New York City	189	220	1,863	2,119	Texas	191	124	1,338	1,003
Pa. (Excl. Phila.)	10	36	144	144					
Philadelphia	26	37	202	224	MOUNTAIN	35	53	318	427
New Jersey	56	68	536	730	Montana	2	2	25	11
					Idaho	2	2	5	7
EAST NORTH CENTRAL	293	253	2,411	2,249	Wyoming	-	5	-	7
Ohio	67	54	476	471	Colorado	2	13	35	38
Indiana	7	5	74	41	New Mexico	8	11	73	86
Downstate Illinois	18	16	145	160	Arizona	16	13	154	217
Chicago	96	103	781	917	Utah	3	2	8	12
Michigan	98	70	856	597	Nevada	2	5	18	49
Wisconsin	7	5	79	63					
					PACIFIC	130	163	1,319	1,544
WEST NORTH CENTRAL	30	51	314	393	Washington	6	2	32	53
Minnesota	2	7	24	69	Oregon	2	1	38	27
Iowa	8	8	55	28	California	118	150	1,222	1,434
Missouri	6	19	114	174	Alaska	2	1	8	6
North Dakota	-	1	5	2	Hawaii	2	9	19	24
South Dakota	2	2	27	34					
Nebraska	9	9	39	67	U. S. TOTAL	1,863	1,914	16,273	17,515
Kansas	3	5	50	19					
					TERRITORIES	96	86	750	635
SOUTH ATLANTIC	583	517	4,750	5,023	Puerto Rico	92	84	728	621
Delaware	6	-	40	45	Virgin Islands	4	2	22	14
Maryland	42	37	416	334					
District of Columbia	51	38	363	366					
Virginia	24	28	241	259					
West Virginia	5	9	54	57					
North Carolina	125	79	729	768					
South Carolina	65	64	681	631					
Georgia	91	109	772	827					
Florida	174	153	1,454	1,736					

Note: Cumulative Totals include revised and delayed reports through previous months.

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDED
OCTOBER 15, 1966 AND OCTOBER 16, 1965 (41st WEEK)

AREA	ASEPTIC MENINGITIS		BRUCELLOSIS	ENCEPHALITIS			DIPHTHERIA		HEPATITIS		
				Primary including unsp. cases		Post-Infectious			Serum	Infectious	Both Types
	1966	1965	1966	1966	1965	1966	1966	1965	1966	1966	1965
UNITED STATES...	80	68	6	38	47	5	6	2	22	573	644
NEW ENGLAND.....	8	6	-	-	4	-	-	-	1	23	29
Maine.....	-	-	-	-	-	-	-	-	-	5	6
New Hampshire.....	-	-	-	-	-	-	-	-	-	1	1
Vermont.....	-	-	-	-	-	-	-	-	-	-	3
Massachusetts.....	5	6	-	-	4	-	-	-	1	10	8
Rhode Island.....	2	-	-	-	-	-	-	-	-	3	-
Connecticut.....	1	-	-	-	-	-	-	-	-	4	11
MIDDLE ATLANTIC.....	7	3	-	4	12	1	-	-	11	88	102
New York City.....	2	2	-	1	6	-	-	-	7	16	39
New York, Up-State.	2	-	-	1	-	-	-	-	-	26	13
New Jersey.....	2	-	-	1	4	-	-	-	4	15	16
Pennsylvania.....	1	1	-	1	2	1	-	-	-	31	34
EAST NORTH CENTRAL...	5	12	-	10	8	-	-	-	1	111	154
Ohio.....	-	4	-	10	4	-	-	-	-	26	46
Indiana.....	-	-	-	-	1	-	-	-	1	6	4
Illinois.....	1	4	-	-	2	-	-	-	-	19	30
Michigan.....	1	4	-	-	-	-	-	-	-	52	67
Wisconsin.....	3	-	-	-	1	-	-	-	-	8	7
WEST NORTH CENTRAL...	1	9	3	-	4	-	-	1	-	41	30
Minnesota.....	1	3	1	-	1	-	-	-	-	11	9
Iowa.....	-	6	1	-	-	-	-	-	-	9	4
Missouri.....	-	-	-	-	1	-	-	-	-	12	5
North Dakota.....	-	-	-	-	-	-	-	-	-	4	2
South Dakota.....	-	-	-	-	-	-	-	-	-	2	-
Nebraska.....	-	-	1	-	-	-	-	1	-	-	6
Kansas.....	-	-	-	-	2	-	-	-	-	3	4
SOUTH ATLANTIC.....	6	1	2	7	8	1	-	-	2	44	72
Delaware.....	1	-	-	-	-	-	-	-	-	-	1
Maryland.....	-	-	-	-	1	-	-	-	1	9	10
Dist. of Columbia..	-	-	-	-	-	-	-	-	-	-	-
Virginia.....	2	1	1	-	5	-	-	-	-	6	20
West Virginia.....	-	-	1	-	-	-	-	-	-	3	10
North Carolina.....	1	-	-	-	-	-	-	-	-	5	4
South Carolina.....	-	-	-	-	-	-	-	-	-	-	4
Georgia.....	-	-	-	-	-	-	-	-	-	11	5
Florida.....	2	-	-	7	2	1	-	-	1	10	18
EAST SOUTH CENTRAL...	5	13	-	1	-	1	-	-	-	42	57
Kentucky.....	-	12	-	-	-	-	-	-	-	13	21
Tennessee.....	-	1	-	-	-	1	-	-	-	20	19
Alabama.....	5	-	-	-	-	-	-	-	-	7	4
Mississippi.....	-	-	-	1	-	-	-	-	-	2	13
WEST SOUTH CENTRAL...	15	8	-	5	7	-	5	1	-	50	45
Arkansas.....	-	-	-	-	-	-	1	-	-	8	4
Louisiana.....	-	1	-	3	1	-	2	1	-	4	14
Oklahoma.....	-	-	-	-	-	-	1	-	-	-	-
Texas.....	15	7	-	2	6	-	1	-	-	38	27
MOUNTAIN.....	2	-	-	2	1	-	-	-	-	35	24
Montana.....	-	-	-	-	1	-	-	-	-	2	4
Idaho.....	-	-	-	-	-	-	-	-	-	1	1
Wyoming.....	-	-	-	-	-	-	-	-	-	-	-
Colorado.....	1	-	-	-	-	-	-	-	-	3	2
New Mexico.....	-	-	-	1	-	-	-	-	-	21	7
Arizona.....	1	-	-	1	-	-	-	-	-	5	8
Utah.....	-	-	-	-	-	-	-	-	-	3	1
Nevada.....	-	-	-	-	-	-	-	-	-	-	1
PACIFIC.....	31	16	1	9	3	2	1	-	7	139	131
Washington.....	1	-	-	-	1	-	-	-	-	4	5
Oregon.....	-	-	-	2	-	-	1	-	-	20	5
California.....	28	15	1	7	2	2	-	-	7	112	119
Alaska.....	-	-	-	-	-	-	-	-	-	3	1
Hawaii.....	2	1	-	-	-	-	-	-	-	-	1
Puerto Rico.....	-	-	-	-	-	-	-	-	-	31	37

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

OCTOBER 15, 1966 AND OCTOBER 16, 1965 (41st WEEK) - CONTINUED

AREA	MEASLES (Rubeola)			MENINGOCOCCAL INFECTIONS, TOTAL			POLIOMYELITIS				RUBELLA
							Total		Paralytic		
	1966	Cumulative		1966	Cumulative		1966	1965	1966	Cumulative 1966	1966
		1966	1965		1966	1965					
UNITED STATES...	681	191,490	243,198	34	2,851	2,462	1	-	1	68	202
NEW ENGLAND.....	39	2,329	36,907	1	125	125	-	-	-	-	32
Maine.....	10	225	2,821	-	10	16	-	-	-	-	9
New Hampshire.....	-	80	381	-	9	7	-	-	-	-	-
Vermont.....	27	266	1,301	-	4	7	-	-	-	-	2
Massachusetts.....	1	788	19,305	-	50	45	-	-	-	-	6
Rhode Island.....	-	72	3,940	1	15	14	-	-	-	-	2
Connecticut.....	1	898	9,159	-	37	36	-	-	-	-	13
MIDDLE ATLANTIC.....	33	18,097	15,035	4	347	317	-	-	-	-	14
New York City.....	7	8,302	2,469	1	49	54	-	-	-	-	7
New York, Up-State.	11	2,549	4,164	1	97	92	-	-	-	-	7
New Jersey.....	7	1,862	2,657	1	103	81	-	-	-	-	-
Pennsylvania.....	8	5,384	5,745	1	98	90	-	-	-	-	-
EAST NORTH CENTRAL...	109	69,053	56,367	9	451	359	-	-	-	3	54
Ohio.....	5	6,365	8,911	4	123	96	-	-	-	-	8
Indiana.....	18	5,734	1,960	-	80	45	-	-	-	1	1
Illinois.....	8	11,384	2,804	-	81	101	-	-	-	2	9
Michigan.....	43	14,600	26,643	2	121	76	-	-	-	-	12
Wisconsin.....	35	30,970	16,049	3	46	41	-	-	-	-	24
WEST NORTH CENTRAL...	20	8,744	16,677	1	151	126	-	-	-	1	7
Minnesota.....	-	1,643	698	-	34	27	-	-	-	1	1
Iowa.....	11	5,327	9,052	-	22	12	-	-	-	-	4
Missouri.....	1	533	2,595	1	58	52	-	-	-	-	-
North Dakota.....	8	1,124	3,765	-	11	11	-	-	-	-	2
South Dakota.....	-	40	115	-	5	3	-	-	-	-	-
Nebraska.....	-	77	452	-	8	10	-	-	-	-	-
Kansas.....	NN	NN	NN	-	13	11	-	-	-	-	-
SOUTH ATLANTIC.....	40	15,398	25,340	4	484	464	-	-	-	1	19
Delaware.....	-	257	506	-	4	9	-	-	-	-	-
Maryland.....	1	2,111	1,170	-	48	44	-	-	-	-	1
Dist. of Columbia..	1	384	78	1	13	9	-	-	-	-	1
Virginia.....	8	2,188	4,108	1	56	57	-	-	-	-	-
West Virginia.....	12	5,340	13,960	1	35	24	-	-	-	-	4
North Carolina.....	5	500	395	-	125	95	-	-	-	-	-
South Carolina.....	-	658	1,058	1	50	60	-	-	-	-	3
Georgia.....	-	234	617	-	63	57	-	-	-	1	-
Florida.....	13	3,726	3,448	-	90	109	-	-	-	-	10
EAST SOUTH CENTRAL...	63	19,847	14,136	3	250	192	-	-	-	3	6
Kentucky.....	4	4,736	2,690	1	88	76	-	-	-	-	3
Tennessee.....	51	12,384	7,991	1	85	61	-	-	-	-	3
Alabama.....	4	1,698	2,335	-	54	33	-	-	-	1	-
Mississippi.....	4	1,029	1,120	1	23	22	-	-	-	2	-
WEST SOUTH CENTRAL...	99	24,841	31,105	5	386	319	1	-	1	57	-
Arkansas.....	-	971	1,085	-	35	15	-	-	-	-	-
Louisiana.....	-	99	109	3	143	177	-	-	-	1	-
Oklahoma.....	2	494	210	-	19	20	-	-	-	1	-
Texas.....	97	23,277	29,701	2	189	107	1	-	1	55	-
MOUNTAIN.....	63	12,087	19,898	-	88	86	-	-	-	-	17
Montana.....	6	1,838	3,746	-	4	2	-	-	-	-	1
Idaho.....	38	1,625	2,804	-	5	9	-	-	-	-	-
Wyoming.....	2	168	851	-	6	5	-	-	-	-	-
Colorado.....	3	1,321	5,696	-	48	24	-	-	-	-	6
New Mexico.....	4	1,137	677	-	10	11	-	-	-	-	-
Arizona.....	10	5,312	1,350	-	10	16	-	-	-	-	9
Utah.....	-	641	4,568	-	-	16	-	-	-	-	1
Nevada.....	-	45	206	-	5	3	-	-	-	-	-
PACIFIC.....	215	21,094	27,733	7	569	474	-	-	-	3	53
Washington.....	105	3,816	7,283	-	40	35	-	-	-	2	35
Oregon.....	6	1,849	3,303	2	36	33	-	-	-	-	6
California.....	99	14,747	13,080	3	472	380	-	-	-	1	10
Alaska.....	5	540	187	2	17	18	-	-	-	-	1
Hawaii.....	-	142	3,880	-	4	8	-	-	-	-	1
Puerto Rico.....	61	2,915	2,504	3	14	10	-	-	-	1	1

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDED
OCTOBER 15, 1966 AND OCTOBER 16, 1965 (41st WEEK) - CONTINUED

AREA	STREPTOCOCCAL SORE THROAT & SCARLET FEVER	TETANUS		TULAREMIA		TYPHOID		TYPHUS FEVER TICK-BORNE (Rky. Mt. Spotted)		RABIES IN ANIMALS	
	1966	1966	Cum. 1966	1966	Cum. 1966	1966	Cum. 1966	1966	Cum. 1966	1966	Cum. 1966
UNITED STATES...	5,906	5	151	2	136	11	307	4	223	57	3,287
NEW ENGLAND.....	945	-	4	-	1	-	10	-	3	1	76
Maine.....	17	-	-	-	-	-	-	-	-	-	25
New Hampshire.....	12	-	-	-	-	-	-	-	-	1	26
Vermont.....	59	-	-	-	-	-	-	-	-	-	22
Massachusetts.....	196	-	2	-	1	-	6	-	1	-	3
Rhode Island.....	72	-	-	-	-	-	-	-	-	-	-
Connecticut.....	589	-	2	-	-	-	4	-	2	-	-
MIDDLE ATLANTIC.....	96	-	13	-	-	1	52	-	41	2	200
New York City.....	10	-	5	-	-	-	22	-	-	-	1
New York, Up-State.	84	-	2	-	-	-	11	-	13	2	187
New Jersey.....	NN	-	2	-	-	-	7	-	12	-	-
Pennsylvania.....	2	-	4	-	-	1	12	-	16	-	12
EAST NORTH CENTRAL...	401	-	17	-	18	2	39	-	17	11	431
Ohio.....	47	-	4	-	3	2	19	-	9	-	192
Indiana.....	48	-	4	-	8	-	4	-	-	2	93
Illinois.....	115	-	3	-	6	-	4	-	8	4	61
Michigan.....	131	-	4	-	-	-	6	-	-	3	37
Wisconsin.....	60	-	2	-	1	-	6	-	-	2	48
WEST NORTH CENTRAL...	291	1	11	-	16	1	28	-	4	15	737
Minnesota.....	4	-	2	-	-	-	-	-	-	4	168
Iowa.....	142	1	2	-	-	-	5	-	-	2	145
Missouri.....	1	-	6	-	10	-	13	-	3	6	227
North Dakota.....	74	-	-	-	-	-	1	-	-	1	37
South Dakota.....	2	-	-	-	2	-	-	-	-	1	80
Nebraska.....	-	-	-	-	2	-	2	-	-	1	22
Kansas.....	68	-	1	-	2	1	7	-	1	-	58
SOUTH ATLANTIC.....	511	1	32	1	11	-	56	2	107	4	422
Delaware.....	12	-	-	-	-	-	1	-	2	-	-
Maryland.....	21	-	3	-	1	-	9	-	26	-	3
Dist. of Columbia..	4	-	-	-	-	-	2	-	-	-	-
Virginia.....	201	1	6	-	2	-	13	-	31	3	219
West Virginia.....	190	-	-	-	1	-	1	-	-	-	49
North Carolina.....	17	-	4	-	3	-	6	1	27	-	4
South Carolina.....	22	-	2	-	1	-	11	-	5	-	-
Georgia.....	2	-	7	1	3	-	4	1	16	-	91
Florida.....	42	-	10	-	-	-	9	-	-	1	56
EAST SOUTH CENTRAL...	1,217	-	18	1	21	4	40	2	39	7	421
Kentucky.....	134	-	2	-	2	4	10	-	9	2	89
Tennessee.....	897	-	3	1	12	-	19	2	24	4	291
Alabama.....	114	-	7	-	4	-	6	-	6	-	20
Mississippi.....	72	-	6	-	3	-	5	-	-	1	21
WEST SOUTH CENTRAL...	590	3	37	-	60	2	31	-	8	10	671
Arkansas.....	6	-	4	-	46	-	2	-	2	3	76
Louisiana.....	-	1	9	-	3	2	10	-	-	-	42
Oklahoma.....	40	-	2	-	7	-	9	-	5	1	169
Texas.....	544	2	22	-	4	-	10	-	1	6	384
MOUNTAIN.....	910	-	2	-	6	-	13	-	3	4	87
Montana.....	50	-	-	-	2	-	-	-	-	-	7
Idaho.....	99	-	-	-	-	-	-	-	-	-	-
Wyoming.....	40	-	-	-	-	-	-	-	-	-	-
Colorado.....	292	-	2	-	-	-	3	-	2	1	18
New Mexico.....	281	-	-	-	1	-	2	-	1	-	13
Arizona.....	63	-	-	-	1	-	4	-	-	2	38
Utah.....	85	-	-	-	2	-	3	-	-	-	3
Nevada.....	-	-	-	-	-	-	1	-	-	1	8
PACIFIC.....	945	-	17	-	3	1	38	-	1	3	242
Washington.....	366	-	-	-	-	-	11	-	-	-	13
Oregon.....	26	-	1	-	-	-	1	-	-	-	4
California.....	466	-	16	-	3	1	24	-	1	3	225
Alaska.....	12	-	-	-	-	-	-	-	-	-	-
Hawaii.....	75	-	-	-	-	-	2	-	-	-	-
Puerto Rico.....	8	-	44	-	-	3	14	-	-	-	16

Week No. 41

DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED OCTOBER 15, 1966

(By place of occurrence and week of filing certificate. Excludes fetal deaths)

Area	All Causes		Pneumonia and Influenza	Under 1 year
	All Ages	65 years and over	All Ages	All Causes
NEW ENGLAND:	775	472	33	37
Boston, Mass.	259	157	13	15
Bridgeport, Conn.	45	27	3	3
Cambridge, Mass.	27	20	-	1
Fall River, Mass.	29	18	-	-
Hartford, Conn.	53	24	3	5
Lowell, Mass.	41	32	-	1
Lynn, Mass.	18	11	2	2
New Bedford, Mass.	28	20	-	-
New Haven, Conn.	46	30	-	1
Providence, R. I.	68	36	3	3
Somerville, Mass.	12	8	2	-
Springfield, Mass.	60	35	4	4
Waterbury, Conn.	28	19	-	1
Worcester, Mass.	61	35	3	1
MIDDLE ATLANTIC:	3,231	1,910	155	158
Albany, N. Y.	42	18	2	3
Allentown, Pa.	30	18	-	-
Buffalo, N. Y.	154	92	6	7
Camden, N. J.	33	20	1	2
Elizabeth, N. J.	39	20	2	2
Erie, Pa.	39	25	8	3
Jersey City, N. J.	50	25	6	2
Newark, N. J.	88	42	9	5
New York City, N. Y.	1,732	1,033	73	81
Paterson, N. J.	47	27	4	3
Philadelphia, Pa.	392	205	10	35
Pittsburgh, Pa.	163	94	4	6
Reading, Pa.	53	39	-	1
Rochester, N. Y.	111	80	16	2
Schenectady, N. Y.	39	30	2	-
Scranton, Pa.	38	26	3	-
Syracuse, N. Y.	53	36	-	2
Trenton, N. J.	58	32	3	2
Utica, N. Y.	35	27	5	1
Yonkers, N. Y.	35	21	1	1
EAST NORTH CENTRAL:	2,546	1,447	87	111
Akron, Ohio	52	29	-	1
Canton, Ohio	38	23	-	3
Chicago, Ill.	730	409	30	26
Cincinnati, Ohio	180	95	11	8
Cleveland, Ohio	219	139	4	5
Columbus, Ohio	127	76	2	8
Dayton, Ohio	70	43	2	3
Detroit, Mich.	374	200	15	21
Evansville, Ind.	34	20	-	2
Flint, Mich.	53	26	5	6
Fort Wayne, Ind.	57	32	2	4
Gary, Ind.	36	10	5	3
Grand Rapids, Mich.	63	40	2	2
Indianapolis, Ind.	122	75	2	3
Madison, Wis.	25	18	-	-
Milwaukee, Wis.	130	78	-	8
Peoria, Ill.	30	14	-	-
Rockford, Ill.	28	13	1	2
South Bend, Ind.	30	16	2	2
Toledo, Ohio	100	59	2	2
Youngstown, Ohio	48	32	2	2
WEST NORTH CENTRAL:	814	505	26	46
Des Moines, Iowa	59	43	2	2
Duluth, Minn.	31	18	-	1
Kansas City, Kans.	40	18	4	2
Kansas City, Mo.	116	71	2	4
Lincoln, Nebr.	17	12	2	-
Minneapolis, Minn.	112	76	-	5
Omaha, Nebr.	85	54	-	5
St. Louis, Mo.	226	134	7	11
St. Paul, Minn.	77	49	1	8
Wichita, Kans.	51	30	8	8

Area	All Causes		Pneumonia and Influenza	Under 1 year
	All Ages	65 years and over	All Ages	All Causes
SOUTH ATLANTIC:	1,139	593	46	66
Atlanta, Ga.	137	67	7	5
Baltimore, Md.	210	102	4	7
Charlotte, N. C.	43	27	2	-
Jacksonville, Fla.	81	36	4	11
Miami, Fla.	97	55	-	5
Norfolk, Va.	46	23	5	3
Richmond, Va.	78	43	-	3
Savannah, Ga.	24	11	4	2
St. Petersburg, Fla.	75	61	6	1
Tampa, Fla.	82	37	8	7
Washington, D. C.	222	108	4	19
Wilmington, Del*	44	23	2	3
EAST SOUTH CENTRAL:	652	333	23	27
Birmingham, Ala.	110	58	2	7
Chattanooga, Tenn.	44	22	3	2
Knoxville, Tenn.	39	25	-	2
Louisville, Ky.	141	77	9	7
Memphis, Tenn.	124	59	1	4
Mobile, Ala.	53	26	2	-
Montgomery, Ala.	49	21	1	1
Nashville, Tenn.	92	45	5	4
WEST SOUTH CENTRAL:	1,079	544	27	83
Austin, Tex.	35	20	-	2
Baton Rouge, La.	19	13	2	2
Corpus Christi, Tex.	32	16	-	2
Dallas, Tex.	153	93	4	10
El Paso, Tex.	41	16	4	8
Fort Worth, Tex.	68	25	1	10
Houston, Tex.	214	93	3	10
Little Rock, Ark.	55	24	1	8
New Orleans, La.	148	64	3	15
Oklahoma City, Okla.	87	47	2	2
San Antonio, Tex.	117	68	2	9
Shreveport, La.	43	23	1	2
Tulsa, Okla.	67	42	4	3
MOUNTAIN:	380	212	12	21
Albuquerque, N. Mex.	46	24	3	3
Colorado Springs, Colo.	14	10	1	-
Denver, Colo.	104	52	4	12
Ogden, Utah	19	8	1	-
Phoenix, Ariz.	78	43	2	3
Pueblo, Colo.	21	13	-	1
Salt Lake City, Utah	47	29	-	2
Tucson, Ariz.	51	33	1	-
PACIFIC:	1,298	803	25	65
Berkeley, Calif.	24	13	-	1
Fresno, Calif.	62	38	2	4
Glendale, Calif.	12	9	-	1
Honolulu, Hawaii	38	23	-	2
Long Beach, Calif.	85	54	-	3
Los Angeles, Calif.	273	163	5	8
Oakland, Calif.	90	63	1	4
Pasadena, Calif.	22	17	-	1
Portland, Oreg.	105	68	-	5
Sacramento, Calif.	66	41	-	5
San Diego, Calif.	100	52	-	6
San Francisco, Calif.	184	100	9	8
San Jose, Calif.	31	21	2	3
Seattle, Wash.	109	76	4	8
Spokane, Wash.	54	38	-	2
Tacoma, Wash.	43	27	2	4
Total	11,914	6,819	434	614

*Estimate - based on average percent of divisional total.

Cumulative Totals
including reported corrections for previous weeks

All Causes, All Ages	514,532
All Causes, Age 65 and over	294,841
Pneumonia and Influenza, All Ages	21,461
All Causes, Under 1 Year of Age	27,368

EPIDEMIOLOGIC NOTES AND REPORTS

BOTULISM – California

(Continued from front page)

The two adult patients, both of whom required tracheostomies, initially received antitoxin A and B. Later all three patients were given antitoxin E, but the adults were allergic to horse serum and had to be desensitized. The child responded to antitoxin E and was subsequently discharged from the hospital; the two adults have shown improvement. Of the 17 others at risk, 7 were given prophylactic antitoxin; all have remained well.

The deer had been shot and killed by the patrolman on September 29 near Riverton, California. Meat taken from the animal that afternoon was sliced into thin strips and refrigerated. The following day, the strips were smeared with four commercial ingredients used to prepare cured smoked meat, and then placed in 8 to 9 inch layers in a plastic dishpan before being refrigerated for 24 hours. For the next 2 days, slices of the cured meat were smoked in an electrically heated chamber using wood chips for smoke. On October 3 the venison was placed in cloth bags which remained at room temperature for 4 days.

There was no history of ingestion of home-canned foods or of any seafood products during the week preceding the outbreak.

Samples of the venison are currently being cultured at the California State Department of Public Health Laboratory and at Laboratory Branch at the Communicable Disease Center.

(Reported by Dr. Philip K. Condit, Chief, and Dr. Henry A. Renteln, California State Department of Public Health; and an EIS Officer.)

THE MORBIDITY AND MORTALITY WEEKLY REPORT, WITH A CIRCULATION OF 15,600, IS PUBLISHED AT THE COMMUNICABLE DISEASE CENTER, ATLANTA, GEORGIA

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IN ADDITION TO THE ESTABLISHED PROCEDURES FOR REPORTING MORBIDITY AND MORTALITY, THE COMMUNICABLE DISEASE CENTER WELCOMES ACCOUNTS OF INTERESTING OUTBREAKS OR CASE INVESTIGATIONS WHICH ARE OF CURRENT INTEREST TO HEALTH OFFICIALS AND WHICH ARE DIRECTLY RELATED TO THE CONTROL OF COMMUNICABLE DISEASES. SUCH COMMUNICATIONS SHOULD BE ADDRESSED TO:

THE EDITOR
MORBIDITY AND MORTALITY WEEKLY REPORT
COMMUNICABLE DISEASE CENTER
ATLANTA, GEORGIA 30333

NOTE: THE DATA IN THIS REPORT ARE PROVISIONAL AND ARE BASED ON WEEKLY TELEGRAMS TO THE CDC BY THE INDIVIDUAL STATE HEALTH DEPARTMENTS. THE REPORTING WEEK CONCLUDES ON SATURDAY; COMPILED DATA ON A NATIONAL BASIS ARE RELEASED ON THE SUCCEEDING FRIDAY.

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